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## FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED DEP. DEP. IND. IND. DEP. DEP. IND. DEP. IND. ي ق TOTAL IND. TOTAL IND. Î Û TOTAL DEP. TOTAL DEP. 10 M 71. L. W F .... \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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